

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			2/7/01
<b>FORMALITY REVIEW</b>	A - M S	JC 580 573	02-22-01 05-16-01
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	Original
1 ✓	1/8/01
2 ✓	1/8/01
3 ✓ ✓	1/8/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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# Best Available Copy